

Foster Family Home - Corrective Action Report

Provider ID: 1-509614

Home Name: Theresa Elgar, CNA

Review ID: 1-509614-5

1046 Ahe Ahe Avenue

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 9/28/2018

End Date: 9/28/18

Foster Family Home

Required Certificate

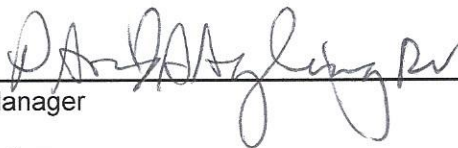
[17-1454-6]

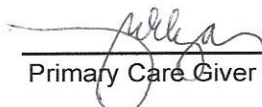
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/28/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date